

<i>SERFF Tracking Number:</i>	<i>ZURC-125773342</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Empire Fire and Marine Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW CF 27615</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>CW CF 27615</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CF 27615

SERFF Tr Num: ZURC-125773342 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: CW CF 27615

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Dannielle Curry

Disposition Date: 08/15/2008

Date Submitted: 08/14/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/15/2008

State Status Changed: 08/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to make all mortgagee/loss payee schedules consistent for property policies. The current space on the declarations pages are frequently not large enough to list all mortgagees/loss payees.

Company and Contact

SERFF Tracking Number: ZURC-125773342 State: Arkansas
 Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CW CF 27615
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: CW CF 27615
 Project Name/Number: /

Filing Contact Information

Dannielle Curry, Filing Analyst dannielle.curry@zurichna.com
 1400 American Lane (847) 706-2411 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
 13810 FNB Parkway Group Code: 212 Company Type:
 Omaha, NE 68154-5202 Group Name: State ID Number:
 (402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	08/14/2008	21939634

SERFF Tracking Number:	ZURC-125773342	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/15/2008	08/15/2008

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Disposition

Disposition Date: 08/15/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ZURC-125773342	State:	Arkansas
Filing Company:	Empire Fire and Marine Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CW CF 27615		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	CW CF 27615		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Loss Payee Schedule	Approved	Yes
Form	Mortgagee Schedule	Approved	Yes

SERFF Tracking Number: ZURC-125773342 State: Arkansas

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CW CF 27615

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: CW CF 27615

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Loss Payee Schedule	U-CP-691-10 02 A CW		Endorsement/Amendment/Conditions			U-CP-691-A CW 1002 Loss Payee Sched.pdf
Approved	Mortgagee Schedule	U-CP-692-10 02 A CW		Endorsement/Amendment/Conditions			U-CP-692-A CW 1002 Mort Sched.pdf

Policy Number

SCHEDULE OF LOSS PAYEE(S)

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No. =

Loc. No.=	Bldg. No.=	Loss Payee and Mailing Address
=	=	=

=

Policy Number

SCHEDULE OF MORTGAGE HOLDER(S)

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No. =

Loc. No.=	Bldg. No.=	Mortgage Holder Name and Mailing Address
=	=	=

=

<i>SERFF Tracking Number:</i>	<i>ZURC-125773342</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Empire Fire and Marine Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW CF 27615</i>		
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<i>Product Name:</i>	<i>CW CF 27615</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125773342 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW CF 27615
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/15/2008
Comments:
Attachment:
AR PCTD 0307 ZP.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 08/15/2008
Comments:
Attachment:
MEMO.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Zurich North America	212

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Empire Fire & Marine Insurance Company	NE	21326	47-6022701	

5. Company Tracking Number	CW CA 27039A
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Dannielle Curry 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-706-2411	847-605-7768	dannielle.curry@zurichna.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Dannielle Curry

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	1.000
10.	Sub-Type of Insurance (Sub-TOI)	1.001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 11-01-2008 Renewal: 11-01-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	08/14/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CW CF 27615
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing to make all mortgagee/loss payee schedules consistent for property policies. The current space on the declarations pages are frequently not large enough to list all mortgagees/loss payees.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: 50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**Empire Fire and Marine
Filing Memorandum**

Forms filing to make all mortgagee/loss payee schedules consistent for property policies. The current space on the declaration pages is frequently not large enough to list all mortgagees/loss payees, so we need to use these schedules.

We request an effective date of 11/01/2008.